

Cincinnati Recreation Commission

VOLUNTEER APPLICATION

Name _____

Address _____ City _____ Zip _____

Home Phone _____ Business Phone _____ Cell Phone _____

Age (Optional) _____ E-Mail Address _____

EMPLOYMENT HISTORY

Are you currently employed? Yes _____ No _____

If yes, please list your employer. _____

Current Occupation

If no, please list your former employer. _____

Former Occupation

EDUCATION AND TRAINING

Please check the highest level attained:

High School Graduate _____ Some College Courses _____ College Graduate _____

College Degree or Major _____

Other Special Training _____

Hobbies _____

MISCELLANEOUS INFORMATION

Why do you want to volunteer for the Cincinnati Recreation Commission? _____

Cincinnati Recreation Commission

EMERGENCY INFORMATION

In case of emergency, please contact:

Name _____ Phone _____

AVAILABILITY

Please circle the hours you are usually available to volunteer:

Monday	8am – Noon	Noon – 5:00pm	5:00pm – 10:00pm
Tuesday	8am – Noon	Noon – 5:00pm	5:00pm – 10:00pm
Wednesday	8am – Noon	Noon – 5:00pm	5:00pm – 10:00pm
Thursday	8am – Noon	Noon – 5:00pm	5:00pm – 10:00pm
Friday	8am – Noon	Noon – 5:00pm	5:00pm – 10:00pm
Saturday	8am – Noon	Noon – 5:00pm	5:00pm – 10:00pm
Sunday	8am – Noon	Noon – 5:00pm	5:00pm – 10:00pm

SKILLS

Below is a list of our volunteer opportunities. Please check those that interest you:

<input type="checkbox"/> Baker	<input type="checkbox"/> Gardener	<input type="checkbox"/> Receptionist Recreation Program Aide
<input type="checkbox"/> Bingo	<input type="checkbox"/> Greeter	<input type="checkbox"/> Senior Companion
<input type="checkbox"/> Calligrapher	<input type="checkbox"/> Kitchen Band	<input type="checkbox"/> Sports Coach
<input type="checkbox"/> Children's Theater Asst.	<input type="checkbox"/> Make Phone Calls	<input type="checkbox"/> Stuff Envelops
<input type="checkbox"/> Choir Director	<input type="checkbox"/> Martial Arts	<input type="checkbox"/> Videographer
<input type="checkbox"/> Collate Documents	<input type="checkbox"/> Music	<input type="checkbox"/> Work with Children
<input type="checkbox"/> Compile Statistics	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Work with Individuals with Disabilities
<input type="checkbox"/> Computer Instructor	<input type="checkbox"/> Pattern Dancing	<input type="checkbox"/> Work with Seniors
<input type="checkbox"/> Crafts	<input type="checkbox"/> Piano	<input type="checkbox"/> Work with Teens
<input type="checkbox"/> Dance Instructor	<input type="checkbox"/> Photographer	<input type="checkbox"/> Yoga
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Public Relations	
<input type="checkbox"/> Filing	<input type="checkbox"/> Quilting	

Please Note: Senate Bill #187 requires the City to notify all volunteers that they might be subject to fingerprinting and a criminal records check if any volunteer assignment requires unsupervised access to children.

Signature of Applicant

Date

Please return your completed application to:

Cincinnati Recreation Commission
Volunteer Office
805 Central Avenue
Cincinnati, OH 45202

Cincinnati Recreation Commission

CONVICTION POLICY

The Cincinnati Recreation Commission's policy is that applicants for part-time, seasonal, new full-time and volunteer positions may have no convictions of sexual crimes (at any time), no convictions of crimes of violence, no convictions for domestic violence – knowingly causing the victim harm, within the last five years, no drug-related convictions within the past five years, and no felonies within the last five years. Further, an employment or volunteer application will not be considered from a person who has any criminal convictions which are deemed to be of such a nature as to cause damage to the effectiveness of the Cincinnati Recreation Commission.

QUESTIONNAIRE

1. Do you have a conviction for a sex-related charge? Yes _____ No _____
2. Do you have a conviction for a drug-related charge within the last 5 years?
Yes _____ No _____
3. Do you have a conviction for domestic violence—knowingly causing the victim harm or for a violence-related charge within the last 5 years? Yes _____ No _____
4. Do you have a conviction for a felony within the last 5 years? Yes _____ No _____
5. Do you have any convictions? Yes _____ No _____

I understand that any acceptance as an employee/volunteer of the Cincinnati Recreation Commission is contingent upon my meeting the conviction record standards set by the Cincinnati Recreation Commission and the City's medical standards. If I do not meet those standards, I understand that Cincinnati Recreation Commission will terminate my employment.

Print Name: _____

Signature: _____ Date _____

Cincinnati Recreation Commission

Human Resources Division

EMERGENCY MEDICAL FORM

Date: _____

To: CRC Human Resources Office

Name: _____

This is my current home address: _____

Zip Code: _____

This is my current home telephone number: _____

These are the first people to contact in case of medical emergency:

(1) Name: _____
Address: _____

Telephone: Work: _____ Home: _____ Cell: _____
Relationship: _____

(2) Name: _____
Address: _____

Telephone: Work: _____ Home: _____ Cell: _____
Relationship: _____

(3) Name: _____
Address: _____

Telephone: Work: _____ Home: _____ Cell: _____
Relationship: _____

WHAT MEDICAL INFORMATION, IF ANY, SHOULD THE PARAMEDICS KNOW IMMEDIATELY? _____

SIGNATURE: _____